



Placement _____

ADULT VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

Name _____
(Last) (First) (Middle) (Nickname)

Mailing Address _____
(Street/Apt. #) (City) (Zip)

Employer _____ May we call you at work if necessary? _____

Cell # _____ Home # _____ Work # _____

Email Address _____

Birth Date _____ Social Security Number _____ - _____ - _____

Emergency Contact Name _____ Relationship _____

Contact's Best # _____ Alternate # _____

Doctor's Name _____ Phone # _____

Please list any restrictions to your volunteer service. _____

Describe your work and/or volunteer experience. _____

List your education and/or specialty training. _____

How did you learn about volunteering at our hospital? _____

Are you able to make a weekly commitment for a minimum of 6 months? _____

Reference #1: Name _____ Phone _____

Reference #2: Name _____ Phone _____

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that this information may be used to determine my eligibility to serve as a volunteer. As a volunteer, I promise faithful and regular service, respecting individual, cultural, economic and spiritual differences and to uphold the standards of the facility at all times.

Signature _____ Date _____